

CGLBMAPA

Caucus of Gay, Lesbian and Bisexual Members of the American Psychiatric Association

Volume 9, Number 1

Fall, 1983

PRESIDENT'S COLUMN: DR. STU NICHOLS

AIDS

As Aids continues to spread, a growing number of persons throughout the country have become involved in the care of these patients. Unfortunately, treatment of the psychological aspects of this devastating disease has been less than optimal. Emotional support for patients, their friends and families, and all those who are fearful of contracting the illness must be provided. In some instances, it may be the most valuable service that can be rendered.

The role of psychiatry in meeting these mental health needs was a topic of considerable discussion during the fall meeting of the APA components. It was proposed that a new sub-committee on AIDS be created within the Council on National Affairs. Further information on the outcome of this proposal will be included in the next Newsletter.

Gay and lesbian psychiatrists, and their friends within the profession, must not wait for the APA to act. We need to take the initiative now and be in the forefront of those who are meeting the emotional needs of persons affected by AIDS.

It has been my experience that the internists providing primary care often wait too long before requesting a psychiatric consultation. I feel that every AIDS patient should be seen by an appropriate psychiatrist as soon as the diagnosis is made. It may be difficult to convince the patient to see a psychiatrist once denial sets in. Also, there is a tendency to allow non-M.D. mental health workers to assume total responsibility for emotional care. Gay psychologists and social workers have been the backbone of agencies like the Gay Men's Health Crisis, but this does not excuse us from our duties to the gay community. Psychiatric services should be available to any patient who needs them, and we have a special responsibility to make every effort to see that these needs are met.

What can you do? You can make known your willingness to see patients to medical colleagues and to the mental health professionals and volunteers who are providing care. Concerned agencies and organized groups of "persons with AIDS," if any, in your locality can also be informed.

We, of course, do not have to reveal our sexual orientation to colleagues if we offer services, and to make this a reason to justify a lack of involvement at this time of crisis is unthinkable. If, however, we do not provide direct clinical care, our voices are sorely needed on the important committees and policy making bodies that are addressing this problem.

The world is watching to see how the gay community responds to AIDS, and, indeed, there are groups who continue to see us as being "irresponsible" and hopelessly "narcissistic." I see this as an opportunity to demonstrate to all how ordinary we are: that we are concerned about our neighbors and that we take care of our sick. We can be proud that most AIDS centers have been gay organized and run, but they have not discriminated against non-gay patients. We must also be comforted by the studies which show that gay men have changed their sexual behavior in hopes of limiting the spread of the disease. Our

response to AIDS is weakening one of the most pervasive dangerous myths about gay men and lesbians: that we do not possess the finer sensibilities of "normal people."

New Officers

No additional nominations were received for President-Elect or Secretary. The By-laws state that officers will be replaced by a vote of the Executive Committee. This was accomplished by mail and Terry Stein is now President-Elect and John O'Donnell is Secretary.

By-Laws

Although there are a number of changes which need to be made in our By-laws, these can not be officially proposed until our annual meeting next May. Details of the proposed changes will be included in a future Newsletter so that anyone who wishes can comment on them before they are enacted.

Membership

Charles Hanson of Washington, D.C., has been appointed co-chair of the Membership Committee with Peggy Hackenbruck. We are in need of local representatives for this Committee. Anyone who is interested in a potential appointment to this Committee, please contact me.

In addition to organizing our membership effort, Charlie and Peggy have the important responsibility of determining how our membership perceives us: strengths, weaknesses, services that are needed, etc. It is my hope that this information will be developed and lead to the formation of a Support Committee by next May.

A brief analysis of our membership shows that we have enjoyed solid support from persons who have joined, but there are still those who attend our functions but have never become members. I was astonished to learn that we have very few residents amongst our membership. We need to learn a lot more about the needs and desires of our potential members.

WOMEN'S COLUMN: Dr. Peggy Hanley-Hackenbruck

We would like to begin a Women's Column in the Newsletter with the hopes that women and men will read it and be more aware of the Caucus women's concerns and interests.

The women are the largest group in the Caucus who have two minority or under-represented caucuses which reflect our particular population and concerns. We are put in a position of a split loyalty to the Women's Caucus and the Homosexually-Identified Caucus.

Besides having to choose which Caucus to belong to a voting members, since a person can only be in one, each woman has to consider other issues involving the Caucuses themselves. In which Caucus, as a Lesbian, do I feel more accepted? How involved do I feel in the issues being addressed by each Caucus? Where do I feel I can have a voice and a meaningful influence? The answers to these and other questions will determine where a woman puts her time and energy.

In order to address these issues and others, the Caucus officers have proposed both this

column and some activities at the Annual Meeting in May. For the latter, we are considering events sponsored by Lesbian psychiatrists to be held at both the Women's Caucus and Gay Caucus Hospitality Suites. Anyone interested in participating or who has ideas regarding format or content please contact me:

Peggy Hackenbruck, M.D.
1525 NE Weidler
Portland, Oregon 97232.

I would also appreciate any contributions from the women for this column to be sent directly to Bob Cabaj, Newsletter Editor.

R. P. CABAJ, M.D.
80 CHANDLER ST.
BOSTON, MA. 02114

DR. JOHN SPIEGEL: THE FUTURE OF PSYCHOANALYSIS

Dr. John Spiegel, a friend and supporter of many of the goals of the Caucus, recently addressed the 27th Annual Meeting of the American Academy of Psychoanalysis, held April 28 - May 1, 1983, in New York, in a paper entitled "The Future of Psychoanalysis". In reflecting on the many problems facing the field of psychoanalysis, Dr. Spiegel referred to several different areas of concern, including women's issues and homosexuality. The following quotes are used with Dr. Spiegel's permission:

"At this moment in history psychoanalysis finds itself in such a state of confusion as to approach a crisis-like condition. The field of theory and practice designed to deal with conflict is itself troubled with conflict, uncertain of its stability and future directions, and faced with diminishing prestige in the public eye. Its problems are manifold and chaotic....

"My attempt in this presentation will be directed at organizing and labelling the problems so that they can be viewed in relation to one another... I propose to discuss the problems under three headings: 1) those that are Obvious, much discussed in publications and meetings, either directly or by implication, accompanied by considerable controversy; 2) those that are located at a Subsurface level, publishable, discussable, but less central and less controversial in terms of amount of time and attention paid; and, 3) those that are Subliminal, seldom appearing in publications, discussed, if at all, in privacy, or through jokes and gossip."....

(Under the obvious problems, Dr. Spiegel addresses, among other issues, the awkward procedures in regard to selection and training of candidates. In his overview of the area of training, Dr. Spiegel notes the following!)

"A final problem in training has to do with what could best be called a "developmental lag," to borrow a phrase from Paul Gray on a different topic....

"One has to do with the narrowness of the didactic programs at most institutes -- their failure to deal with marital and family dynamics and family therapy, with cultural and ethnic differences, with socio-biological differences between men and women in psychological development and identity, with homosexuality as a normal variant requiring its own strategies of empathy and therapy, and with regional, class, and inter-nation (transcultural) variations of importance to analysts working in other countries and patients from other countries emigrating to ours."....

(In his review of "subsurface" problems, Dr. Spiegel continues!)

"By 'subsurface problems' I mean problems, conflicts or disagreements that have been

given attention but not the spotlight of close scrutiny that they deserve for the sake of the future of psychoanalysis.

"The first of these subsurface phenomena has to do with the attitude toward cultural and ethnic differences in patient populations....

"Related to the matter of cultural variations, in the sense of being honored at one level and disregarded at another, is the question of the differences between male and female psychological development and the impact of social norms on the handling of transference and countertransference problems in cross-gender therapy....

"Another related item in the ascending order of resistance to and acceptance of significance, is the almost complete, dead silence of the question of homosexuality as a normal variant in human behavior, despite the decade that has passed since the American Psychiatric Association eliminated homosexuality as an illness. True, homosexuality was addressed directly for the first time at our mid-winter meeting in San Diego, attended by a standing-room only audience. What was important was that the panel consisted of homosexually-identified therapists speaking about developmental and therapeutic issues from a gay point of view. But there are many topics in this area which require the kind of investigation called for in Judd Marmor's book on Homosexual Behavior.

"One is the issue of homophobia among psychiatrists, the subject of a plenary session at the April 1983 meeting of the Group for the Advancement of Psychiatry, in which the presentations again were made by homosexually-identified psychiatrists. The speakers were low-keyed, non-militant, and mainly interested in consciousness-raising. Still, as chair of that meeting, I was impressed by the unusual amount of anxious silence in the audience before someone broke the ice and the discussion took off.

"As with other culturally different or minority groups, another important area for the psychoanalytic study of homosexuality is concerned with transference and countertransference matters and the formation of a therapeutic alliance. The starting point for such studies requires that homosexuality and gay life-styles be accorded a value in their own right -- as making a contribution to our social system just as significant as that of Blacks, Hispanics, and women, to name a few previously oppressed groups. But a problem for the psychoanalytic movement of the future is that, according to my information, candidates who apply for psychoanalytic training in our country and identify themselves as homosexual are uniformly turned down, with only one exception. This means that either they don't become analysts, a deprivation in the recruitment process, or they conceal their sexual orientation, making the training analysis a farce. This situation is ironic in view of the fact that Freud, joined by Otto Rank, held that homosexuality was no obstacle to the acceptance of a candidate for training. The policy of psychoanalytic training institutes in this regard is clearly a matter of cultural conditioning.

"Another sign of this effect of prevailing social norms is the absence from didactic formats of any modern review of the dynamics of homosexual development, the "coming-out process," and same-sex bonding, with its attendant difficulties, from the perspective of homosexually-identified psychiatrists and psychologists. As a result, too many potential gay, lesbian or bisexual potential patients avoid psychoanalysis out of fear -- overtly or covertly -- an attempt will be made to "cure" them of their homosexual orientation. Therefore, they either suffer in silence or join one of the peer-group or self-help efforts, like the "Advocate Experience," a version of EST for homosexuals, which takes place over two marathon weekends in a hotel ballroom."....

(Dr. Spiegel continues to discuss other subsurface problems, subliminal problems, and concludes!)

"...As the years go by, the need for change becomes ever more pressing and it becomes an increasing responsibility of the officers and the council not to just talk about change but to actually implement it."...

REVIEW OF THE PSYCHIATRIC ASPECTS OF AIDS:

(Bob Cabaj as Newsletter Editor has compiled the following review:)

AIDS continues to be on the forefront of almost all gay-oriented organizations and publications. The mental health aspects of the problem are not being neglected. Recent issues of Psychiatric News have focused on AIDS (see the articles by Kenneth Hausman in the Vol. XVIII, No. 15, August 5, and No. 16, August 19, 1983, issues.) The Newsletter for the American Association of Physicians for Human Rights (AAPHR) has been devoted to AIDS, both from a statistical/epidemiological point-of-view and medical approaches and suggestions. The American Psychological Association in its publication -- the APA Monitor July 1983 issue -- featured an article on stress and AIDS.

Various members of the Caucus have been treating AIDS patients and those affected by the illness in others, and have also been lecturing and teaching about the psychological and psychiatric aspects of AIDS. The "AIDS Neurosis" -- obsession with fear of having the disease -- has been identified by various clinicians, and the effects of the fear of AIDS and potential changes in lifestyle has been experienced by anyone who is gay, has gay friends, or is working with gay clients.

There has been more focus on how the gay community will respond in lifestyle changes and there is pressure to have clinicians who work with gay clients to urge lifestyle changes -- even when it is not clear what to advise or suggest.

Almost every local area has an AIDS action committee and brochures about gay healthful sexual activity have been printed and are available. (Write to your local groups or contact AAPHR, P.O. Box 14366, San Francisco, Ca. 94114, for its brochure entitled "AIDS and Healthful Gay Sexual Activity," or BAPHR, P.O. Box 14546, San Francisco, Ca. 94114, for its brochure entitled "Guidelines for AIDS Risk Reduction.") The AIDS Fact Book by Ken Mayer, M.D., and Hank Pizer from Bantam Paperback Books also has a chapter on the mental health aspects of AIDS.

Readers of the Newsletter were made aware of some of the negative reactions from the medical press with the reprint entitled "AIDS and the Moral Law" in the North Carolina Medical Journal, distributed in the Summer. (See a review in the News Update section to see further comments on this article.)

Dr. Stu Nichols has continued to work extensively in the area of the psychiatric aspects of AIDS. He spoke at the BAPHR/AAPHR Symposium in San Francisco in June, 1983, and will soon have an article published on the reaction to having AIDS. He addresses the feelings and reactions of the health care providers, but mainly reviews the reactions in AIDS patients themselves, which somewhat parallel, but do not duplicate, the reactions Dr. Kubler-Ross outlined in On Death and Dying.

Dr. Nichols reports a fairly typical pattern in new AIDS patients. Shock, with a "Why me?" response, often needs some crisis support. Denial, with a variety of reactions including isolation and avoidance, a "business-as-usual" attitude, or rebellion and wasted anger, often needs a social or support group for help. Fear, with panic and suicidal

impulses at time, may need medications, crisis interventions, and social supports. Anger and outrage follow and can be expressed constructively in patient advocacy groups or other community or media groups. Sadness and depression may follow, needing individual or group therapy, or even medications. Some patients have also been able to develop an additional reaction -- acceptance, with serenity and courage -- with the ability to be of great service to others. Finally, as death approaches, resignation may follow, and the patient may wish to determine the level of control in his involvement in the dying process.

The Newsletter will attempt to keep the membership current on the mental health aspects of AIDS, and the editor urges all readers to send in articles they see, or information on their own work with AIDS.

NEWS UPDATES:

As noted above, there were no additional nominations for President-Elect or Secretary. Since the By-Laws of the Caucus require only the vote of the Executive Committee, there was no mail ballot to the entire membership. Therefore, the official new President-Elect is Terry S. Stein, M.D., and the new Secretary is John H. O'Donnell, M.D.

>>>>>>>>>>

James Krajewski, M.D., and David Kessler, M.D., were elected to the positions of Representative and Deputy Representative for the Caucus of Homosexually Identified Psychiatrists (CHIP) to the APA Assembly. We will be updated by them periodically on issues relevant to our Caucus, CGLBMAPA.

>>>>>>>>>>

Jaime Smith, M.D., went to the VII World Congress of Psychiatry in Vienna after the Spring APA meetings and reported that the Caucus was present at the international meetings. Jim Paulsen of Stanford presented a poster exhibit describing the APA and Homosexuality, from the declassification of homosexuality as a mental disorder in 1973 to the present status of official minority. The poster exhibit was visited by psychiatrists from many countries and Jim was kept busy responding to enquiries from colleagues during the days of the presentation. This was the first time openly gay psychiatrists made such a presentation. Jaime was scheduled to present his paper "New Directions in the Psychotherapy of Homosexuals" at an afternoon paper session at the University of Vienna on July 15, immediately following a paper by C. Socarides. The latter cancelled at the last minute so Jaime's paper was the only one dealing directly with the subject. About 50 were in the audience and it was received with modest applause and two questions of information seeking quality; there were no feelings of negativity following the presentation.

>>>>>>>>>>

The American Psychological Association has been in touch to report that their Committee on Gay Concerns was involved in having spouse-equivalents included in insurance coverage provided by the association. The Committee has recently focused efforts on the mental health aspects of AIDS and published an article entitled "Stress: the unseen killer in AIDS" published in the APA Monitor.

>>>>>>>>>>

The Caucus has received requests for information on the attitudes of various psychiatric

residency programs concerning gay and lesbian medical students -- where can one apply as an openly gay person; which programs are notably homophobic; etc.? We would like to compile a list of such residencies but need the help of Caucus members to make a complete review. Please contact Bob Cabaj, the Newsletter Editor, if you can provide information on this issue.

>>>>>>>>

Follow-up on the article "AIDS and the Moral Law" published in the North Carolina Medical Journal; though several Caucus members wrote to protest the article, the editor, Dr. Eugene A. Stead, Jr., wrote to all that space is limited in the Journal and he could not publish the responses! (This is in contrast to the British Columbia Medical Journal mentioned in the Local News section.)

Various members have also forwarded copies of comments to other Journals and publishers concerning homophobic statements. Besides the ones mentioned in other parts of the Newsletter, Terry Stein found offensive comments in the November Selections brochure of the Behavioral Science Book Service, describing the book Phenomenology and Treatment of Psychosexual Disorders (Editors: Fann, et al.).

>>>>>>>>

Did you see? Psychiatric News, the Newspaper of the APA, has had a series of articles and letter relevant to the Caucus, including a letter from Jim Krajieski in the September 2, issue, responding to prior anti-homosexual letters; a review of Emery Hetrick's comments on ego-dystonic sexuality v. ego-dystonic homosexuality in the September 16 issue; a review on Jim Krajieski's comments concerning M.D.'s homophobia in the October 7 issue; and a two-part review of the psychological problems associated with AIDS by Kenneth Hausman in the August 5 and 19 issues.

LOCAL REPORTS:

From SOUTHERN CALIFORNIA, Dr. Bob Schwartz reports that Dr. Norman Hartstein has assumed the duties of the coordinator for the local group. Dan Fast, after several hectic years as coordinator of the local psychiatric group and after a year as president of Southern California Physicians for Human Rights, decided to retire to private practice to recuperate. The local group met on Sunday, July 17, and discussed plans for next May when LA will host the APA. Sites for get-togethers on Monday and Thursday evening were discussed. The group's participation in the Third Annual Gay and Lesbian Health Fair held on October 16, 1983, was planned. For the last two years, the group held a panel on Emotional Well Being as well as an information table that also served as a referral source. This year, there are plans for a small group of the "worried well" to discuss the impact of AIDS on their lives. There will be hourly panels discussing AIDS throughout the day, and the small groups will offer an opportunity to discuss the personal aspects of AIDS.

>>>>>>>>

From BOSTON, Dr. Bob Cabaj reports that the local group -- GALPONE (Gay and Lesbian Physicians of New England) -- has spent most of the summer meeting in social gatherings and making plans for the Fall. There is no separate psychiatric group, having enlarged to all physicians and dentists several years ago, but the leadership has usually been among the psychiatrist in the group, partially because the membership is 60% psychiatrists but

mostly because 90% of the openly gay members of the group are psychiatrists. This may explain the emphasis on trying to meet the psychosocial needs of the local gay community in the AIDS crisis. The local press has been very impartial and fair, and consults with various members of GALPONE before publishing articles on AIDS. The Mayor of Boston has also been extremely helpful in responding to some needs in the gay community, even though he is not running again for office. Through his office of Gay Liaison, the mayor encouraged several groups to meet and form the AIDS Action Committee, put out a well-written, understandable brochure, and start a comprehensive survey of the needs of the gay and lesbian community in Boston. GALPONE will continue to cooperate with the Mayor's Office and the Fenway Community Health Center -- a local clinic serving the gay community as well as its local neighborhood -- to teach and provide services around AIDS. The group also hopes to remind its members that there are issues other than AIDS and focused its first fall meeting on what it is like to be gay as a physician-in-training and gay as a faculty member training the trainees.

>>>>>>>>>>

From TORONTO, CANADA, Stephen Atkinson reports that the concerns over AIDS has grown immensely, with at least 12 diagnosed cases in Toronto, and 50 being followed closely for suspicious clinical presentations, at the end of the summer. An AIDS Committee of Toronto has started, attempting to meet the needs of those with the illness and the large group of "worried well."

>>>>>>>>>>

From PORTLAND, OREGON, Peggy Hanley-Hackenbruck reports that she feels isolated in the Northwest Region, since she is the only Caucus member who is "out" and she hears nothing from other members in the Pacific Northwest. She would like to try an organize a get-together for fun and discussion at some nice place. Please let her know directly if you are interested:

Peggy Hackenbruck, M.D.
1525 NE Weidler
Portland, Oregon 97232

>>>>>>>>>>

The Caucus currently has no one to report events from the WESTERN CANADA sector of the world. If anyone is interested, please contact the newsletter editor, Bob Cabaj. Jaime Smith reported on an extremely homophobic letter recently published in the British Columbia Medical Journal, by an APA member, concerning AIDS and homosexuals. Dr. Smith and several colleagues drafted a reply, which was published in a later issue of the Medical Journal, and also drew attention to the matter to Jim Krajewski and APA officers.

>>>>>>>>>>

From NEW YORK CITY, Gay Psychiatrists of New York (GPNY) are seeking to reorganize and continue the work of that organization. Members had been urged to take part on the Medical Symposium on Gay and Lesbian Health Issues, sponsored by the American Association of Physicians for Human Rights (AAPHR) and the New York Physicians for Human Rights (NYPHR), which took place over the Veterans Day Weekend. Caucus member who wish to play an active role in, or obtain more information on, GPNY are urged to write:

GPNY
70 Greenwich Avenue, Suite 330
New York, New York 10011

Editor: ROBERT PAUL CABAJ, M.D.
90 CHANDLER STREET
BOSTON, MASS. 02116
617-482-6874